5/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 22, 2001 8:00 am
Secretary of State

05-30-2001 90030 033 ***150.00

DOCUMENT # P98000057036

1. Entity Name
JET LIMOUSINE, INC.

Principal Place of Business | Mailing Address

[redacted]

2. Principal Place of Business: 2675 S.W 15 St.
Suite, Apt. #, etc.
City & State: Ft. Lauderdale
Zip: 33312 Country: USA

3. Mailing Address: P.O BOX 21831
Suite, Apt. #, etc.
City & State: Ft. Laud.
Zip: 33315 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-084-5668 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ERICA STRADA
6835 SUNSET STRIP
SUNRISE, 33313

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable)
City: FL Zip Code:

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip	Delete
PRESIDENT	TIMOTHY HASSAN	2675 S.W 15 St.	Ft. Laud. 33312	☐
VICE-PRESIDENT	VALERIA ORQUIN HASSAN	2675 S.W 15 St.	Ft. Laud. 33312	☐
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Title	Name	Street Address	City-St-Zip	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

CR2E034 (11/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/24/01 954-327-0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #